

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/80756 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1	1			
12		1				
13		1				
14		1				
15		14				
16		14				
17		14				
18		14				
19		14				
20		14				
21		14				
22		14				
23	1					
24	1					
25	14					
26	①					
27	1					
28						
29						
30						
31						
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33						
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35						
36						
37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
IND.	2	↓				
TOTAL DEP.	14	↓	↓	↓		
TOTAL CLAIMS	143	↓	↓	↓		

	*	*	*	*
	IND.	DEP.	IND.	DEP.
61				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
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92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		↓	↓	↓
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS		↓	↓	↓